

**EMPLOYMENT TRAINING PANEL (ETP)  
REQUEST FOR ELIGIBILITY DETERMINATION (RED)**

**A Group of Employers, a Training Agency, a Workforce  
Investment Board or a Grant Recipient**

*Purpose of this form:* The Request for Eligibility Determination (ETP 003) is used by a group of employers (consortium), a training agency, a Workforce Investment Board (WIB), or a grant recipient to request a determination of their eligibility for ETP funds.

*Individual Employers should not use this RED but need the Request for Eligibility Determination (ETP 002).*

If you have any questions or concerns regarding the RED, or the attached instructions, please contact the nearest ETP Regional Field Office at the address below:

***Northern California***  
**Employment Training Panel**  
**1100 J Street, 5th Floor**  
**Sacramento, CA 95814**  
**(916)327-5582**

***San Diego Area***  
**Employment Training Panel**  
**5333 Mission Center Rd., Suite 300**  
**San Diego, CA 92108**  
**(619)686-1920**

***San Francisco Bay Area***  
**Employment Training Panel**  
**177 Bovet Road, Suite 180**  
**San Mateo, CA 94402**  
**(650)655-6930**

***Greater Los Angeles Area***  
**Employment Training Panel**  
**4640 Lankershim Blvd., Suite 311**  
**North Hollywood, CA 91602**  
**(818)755-1313**



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4. If your company is proposing to develop a training program under the Special Employment Training (SET) provisions, please check: ☐ A ☐ B ☐ C ☐ D ☐ E  
(Division 3, Part 1, Chapter 3.5 of the Unemployment Insurance Code, Sections 10214.5 (a))

- A. Frontline Workers Earning at Least the State Average Hourly Wage
- B. Frontline Workers with Multiple Barriers to Employment
- C. Frontline Workers in Industries with Demonstrated Career Paths
- D. Frontline Workers in High Unemployment Areas
- E. Small Business Owners

5. Is your company proposing to develop a training program under the Welfare to Work provisions?  
☐ Yes ☐ No  
(Division 3, Part 1, Chapter 3.5 of the Unemployment Insurance Code, Sections 10214.7)

**The following two questions are intended for assistance in PLANNING  
PURPOSES ONLY. Your cooperation is appreciated.**

6. Please estimate the number of trainees that you are intending to include in a proposed ETP-Funded Training Program: \_\_\_\_\_
7. Please indicate the desired commencement date for the proposed ETP-Funded Training Program:  
\_\_\_\_\_
8. I declare under the penalty of perjury the above statements and documentation attached are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Corporate Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

**This form must be submitted within one year from the date of your  
Orientation or from the date the Orientation requirement was waived.**

Submit two copies of the signed and completed Request for Eligibility Determination (RED) and any additional documentation required to determine eligibility to the address below:

**Attn: Application Review Unit  
Employment Training Panel  
1100 J Street, Fourth Floor  
Sacramento, CA 95814**

Once the completed Request for Eligibility Determination (RED) is received at ETP, a thorough review of your entity's contracting eligibility will begin. Additional information may be requested to clarify eligibility. You will be notified in writing as soon as possible of your eligibility determination.

# EMPLOYMENT TRAINING PANEL (ETP) REQUEST FOR ELIGIBILITY DETERMINATION (RED)

## INSTRUCTIONS

### Entity Name

**Enter** the full name of the entity, include any subdivision or department as appropriate.

### Address

**Enter** the following information: Street Address, City, State, Zip Code, County, (Area Code) Telephone Number, (Area Code) FAX Number, and Website Address.

### Entity Representative

**Enter** the name, title and phone number of the corporate officer or employee who will be working directly with ETP.

### Authorized Agent

**Enter** the name, title and phone number of an agent, if any, authorized to negotiate on behalf of the entity who will be working with ETP. In addition, **Provide** a completed agency agreement along with this document.

**Note:** *ETP staff is prohibited from discussing the RED, the results of the determination or any related information with anyone other than the requesting entity unless an agency agreement exists and ETP has a copy.*

### California Employer Account Number (CEAN)

This is an eight-digit account number that identifies your California Unemployment Insurance Tax Account. It can be located on the DE-6 Quarterly Contribution Return Form. **Note:** if you have more than one account number please provide all related CEANs as they apply to the proposed training. Also include a description of the relationship between the multiple CEANs.

#### 1. Orientation

**Provide** the date and location of the ETP Orientation meeting.

#### 2. Type of Contractor ***If you do not clearly meet one of the following contractor categories, please contact your nearest ETP Regional Field Office.***

**Indicate** which of the following applies to your entity. The entity must meet the definition and provide the information indicated to be able to have their eligibility determined:

- A. A **Group of Employers** is defined as: (1) to two or more employers which combine efforts to form a consortium in order meet a common training need for specific occupational categories or address common training needs based on industrial trends; and/or (2) two or more employers which combine efforts whereby the primary employer assumes liability for the Panel Agreement and secondary agreements may be in place between the primary employer and the supplier employers (or both the primary employer and the secondary suppliers contract with the Panel) to train the employees of one or more of suppliers due to the special and unique needs of the primary employer; and/or (3) under a professional association, trade association, or joint apprenticeship training committee employers are seeking a training Agreement; or (4) any economic development corporation which has been in existence for more than one year and whose Board of Directors is composed of a majority of California employers eligible to participate in a Panel funded agreement.

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The Group of Employers must possess a California Employer Account Number (CEAN) identifying it as an employer organization, or must possess a legal Agreement that identifies the member organizations of this group of employers as they relate to establishing Agreement liability. If the Group of Employers is two or more separate corporate entities not financially or administratively related but wish to establish Agreement liability to a single CEAN, Include a description of this relationship and Provide a list of the participating corporate entities and the applicable CEANs.

- C. A **Training Agency** must meet certain, specific requirements to contract directly with ETP. Please provide your entity's qualifications as a training agency if your entity has: 1) previously held or currently holds an ETP agreement, or 2) your agency has not previously held a direct Agreement with ETP.

### Requirements for Repeat or Currently Contracting Training Agency

1. *All Repeat or Currently Contracting Training Agencies* must document the current certification or registration by the Bureau for Private Postsecondary and Vocational Education (BPPVE) for each course, or courses, to be taught and locations at which training will occur. Current certification or registration is required at the time of RED submission. Attach to the Request for Eligibility Determination (RED): Copies of your approval document(s) issued by the BPPVE. Be sure the courses covered by your Certification or Registration are clearly identified. You may include your BPPVE authorization for continued operation or a copy of any exemption from BPPVE approval if applicable.
2. If you are requesting a determination of contracting eligibility for New Hire or placement-dependant training and have not previously or currently contracted to provide such training, please include a **placement verification** with your RED submission. The placement verification should include: the name of the trainee, the trainee social security number, the dates of training and of placement, the training topic provided, the name phone number and address of the placement employer and any employer contact person. The placement verification should include only placements provided *directly* by the training agency and should cover all the placement activities for the most recent operational or calendar year. Please separate the placements by training topic.

### Requirements for a First-Time Training Agency

The information requested (1-5) should be submitted within a letter on company letterhead or as an attachment to a letter as described below.

1. Document your business/organization has been in existence for a minimum of two years preceding the submission of the Request for Eligibility Determination (RED), specifying the date your organization began to provide training to the public.

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2. Document how the proposed ETP training will prepare trainees in a manner satisfactory to the participating employers. At a minimum, you should address the following questions or subject areas:
  - How the curriculum content and hours were developed.
  - Has the curriculum been used successfully in other programs?
  - How was it determined the curriculum meets the needs of participating employers?
  - Your agency's prior experience working with the employer community.
3. Document the current certification or registration by the Bureau for Private Postsecondary and Vocational Education (BPPVE) for each course, or courses, to be taught and locations at which training will occur. Current certification or registration is required at the time of RED submission. Attach to the Request for Eligibility Determination (RED): Copies of your approval document(s) issued by the BPPVE. Be sure the courses covered by your Certification or Registration are clearly identified. You may include your BPPVE authorization for continued operation or a copy of any exemption from BPPVE approval if applicable.
- 4a. If you are planning to train New Hires, **document** your track record of training and placement of trainees into jobs for which they were trained.

**Describe** your training and placement record for the previous 12 months including the number of trainees who graduated from your program, the subject areas in which they received training, and the number of trainees your organization actually placed into employment. If you are requesting a determination of contracting eligibility for New Hire or placement-dependant training and have not previously or currently contracted to provide such training, please include a **placement verification** with your RED submission. The placement verification should include: the name of the trainee, the trainee social security number, the dates of training and of placement, the training topic provided, the name phone number and address of the placement employer and any employer contact person. The placement verification should include only placements provided *directly* by the training agency and should cover the type of training to be given in the proposed ETP Agreement. If it does not, explain why the training is different from what you have done before.

If you do not have a training and placement record (i.e, track record), explain. **The placement record MUST be submitted to ARU and verified before eligibility for New Hire Training can be established.**

- 4b. If planning training to train **Retrainees ONLY**, document your track record of training for the previous 12 months including the number of trainees who graduated from your program and the subject areas in which they received training. The training record you describe must cover the types of training to be given in the proposed ETP Agreement. If it does not, explain why the training is different from what you have done before. If you do not have a training and placement record (i.e, track record), explain.

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5. ***Include*** at the end of your letter, the following certification language, information and signature:

CERTIFICATION BY MANAGEMENT REPRESENTATIVE

To the best of my knowledge, the foregoing information and attachments (if applicable) are true and accurate. In addition, I certify that: a) our accounting systems include controls adequate to check the accuracy and reliability of accounting data, promote operating efficiency, and assure compliance with government requirements and generally accepted accounting principles; and b) we have documented records of employer satisfaction with previous trainees.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

\_\_\_\_\_  
Title (Owner, President, Vice-President, CEO or other authorized signatory)

Date \_\_\_\_\_

- C. **Workforce Investment Board (WIB)** is a Workforce Investment Board formed pursuant to the Federal Workforce Investment Act of 1998, with the approval of location elected officials in the local workforce investment area. Include the WIB's, or if the WIB does not have an individual CEAN, provide a description of any relevant municipal financial or administrative relationship.
- D. **Grant recipient or administrative entity**  
Describe the specific Federal funds received directly, pursuant to Federal Workforce Investment Act of 1998. Entities applying under this section **MUST** directly receive federal funds under this provision and possess a valid CEAN. Include the CEAN for the organization, or if the entity does not have an individual CEAN, Provide a description of the relevant municipal financial or administrative relationship.
3. **Does your entity have an active Agreement with the ETP?** If yes, ***Provide*** the Agreement number(s) and most current available Agreement statistics for the number of trainees enrolled, the number of trainees having completed ALL ETP funded training, and the number of trainees having completed the post training retention period. You may also include a statement indicating the schedule of any immediately foreseeable invoices that will be submitted to ETP within the current terms of your ETP Agreement.

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If you have an active Agreement, but are unable to provide the Agreement number, you may request information in writing from the ETP Planning and Research Unit Manager at the following address:

Employment Training Panel  
Attn: Planning and Research Unit  
1100 J Street, Fourth Floor  
Sacramento, CA 95814

Include in the letter, your Entity Name, Address, and CEAN and any other specific details relating to the identity of your entity.

#### **4. Special Employment and Training (SET)**

SET funding is for training to improve the skills and employment security of frontline workers in projects that do not meet ETP's standard out-of-state competition or trainee eligibility requirements. However, employers must be UI eligible. If you are requesting SET funding, indicate the appropriate category you are applying under. Additional information will be requested to determine the eligibility of your proposed training program at a later date. No further information is required from you at this time.

##### a) Frontline Workers Earning at Least the State Average Hourly Wage

Trainees are frontline workers in occupations paying at least the state average hourly wage (\$19.24 for calendar year 2001) and in businesses difficult to serve under the Panel's standard project format. Training will result in full-time employment.

##### b) Frontline Workers with Multiple Barriers to Employment

Trainees have at least two identified barriers to full-time employment which may include physical disability; lack of training, communication skills or literacy; or, other similar factors. Contractor must demonstrate that training will help trainees address barriers. Trainees may earn less than the state average hourly wage, but must earn at least the ETP minimum wage. Training may include literacy skills (up to 100 percent of total vocational skills)

##### c) Frontline Workers in Industries with Demonstrated Career Paths

Project is developed jointly with the Employment Development Department (EDD) to provide workers in low-wage jobs skills necessary to advance to high paying jobs in industries with career advancement opportunities. Trainees work in industries with demonstrated career paths and clear career advancement structure. Employers must show long-term commitment to training. Training may include literacy skills, up to 100 percent of the total vocational skills. The ETP minimum wage requirement may be waived. Trainee retention may be completed with up to two participating employers (up to three employers with Panel approval) in same discreet industry within 120 days if there is evidence of job security after retention.

##### d) Frontline Workers in High Unemployment Areas

Trainees work in regions where the unemployment rate is significantly higher than the State average. ETP minimum wage requirement may be waived. Trainee retention may be completed with up to two participating employers (up to three employers with Panel approval) within 120 days if there is evidence of job security after retention.



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### e) Small Business Owners

Business owner is registered as California employer with the Employment Development Department, subject to the UI tax on behalf of the business' employees. Owner employs at least 1, but not more than 9 full-time employees, whose primary duties consist of directly producing or delivering goods or services. Training must be business management and/or other related skills needed to operate a business (i.e. developing a business and/or marketing plan, tax requirements, licensing procedures). Wage requirements are waived since trainees are business owners.

5. **Is your entity requesting the development of a training program under the provisions of Welfare to Work?** The Panel shall allocate funds available in the annual Budget Act for training programs designed for individuals who are currently working and receiving benefits under Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code or who are currently working and have received CalWORKs (California Work Opportunity and Responsibility to Kids )(Chapter 270, Statutes 1997) benefits within one year of the commencement of the ETP funded training program.
6. **Please indicate the number of trainees that you are intending to include in a proposed ETP-Funded training program?** Please estimate the total number of trainees that you are intending to include in a proposed ETP-Funded Training Program. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority.***
7. **Please indicate the desired commencement date for the proposed ETP-Funded Training Program?** The Panel may occasionally assign your RED to any one of its four regional field offices based upon anticipated workload and available development resources. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority. The assignment of your RED to the Regional does NOT authorize your company to begin an ETP-funded training program.***
8. **Signature**  
***Insure*** the signature is by a corporate signatory who has the authority to sign on behalf of the entity.

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